



U.S. Representative John R. Carter

Intern Application

Name: _____

Social Security Number: _____

College Name: _____

Home Address: _____

School Address: _____

Daytime Phone: _____ Alternate: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Birth Date: _____

Parent's Names: _____

Parent's Address: _____

Major: _____ Minor: _____

GPA: _____ Circle One: Freshman Sophomore Junior Senior

Session Preference: Summer Spring Fall 200__

Organizations, Activities, Hobbies: _____

Topics of Interest: _____

Preferred Focus Area: Legislation Communication